

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/780962**  
APPLICANT(S)

FILING DATE

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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37	Cancel					
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TOTAL IND.	5					
TOTAL DEP.	85					
TOTAL CLAIMS	40					

  

CLAIMS						
	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	Cancel					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS